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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 34943

Title: A novel method for the management of gastric outlet obstruction secondary to heterotopic pancreas complicated with pseudocyst

Reviewer's code: 03573132

Reviewer's country: India

Science editor: Ze-Mao Gong

Date sent for review: 2017-06-06

Date reviewed: 2017-06-06

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Dear Authors, You have very well described an interesting case of the heterotrophic pancreas of the gastric antrum that presented with gastric outlet obstruction due to pseudocyst formation. Although your case presentation is nice, the following points need your attention for the betterment of the manuscript: 1. There are minor spelling and grammatical mistakes, which needs correction. 2. Discussion should be enriched by discussing clinical presentation, investigations, treatment, prognosis and complications as available in the literature about gastric heterotopic pancreas with pseudocyst formation. 3. Microphotographs of FNAC slides, if included, would further make the article interesting for astute readers.



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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 34943

Title: A novel method for the management of gastric outlet obstruction secondary to heterotopic pancreas complicated with pseudocyst

Reviewer's code: 03026633

Reviewer's country: United States

Science editor: Ze-Mao Gong

Date sent for review: 2017-06-06

Date reviewed: 2017-06-07

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The authors should be congratulated on their handling of this case and well-organized, eloquent manuscript. Some limited modifications are listed below and these should help the paper be more appropriate for final presentation. 1. Abstract: Remove the first sentence ("endoscopic ultrasound-guided ... drainage") and replace it with a general sentence about heterotopic pancreas with pancreatitis. Also, in the abstract I would add that there was heterotopic pancreatitis that was confirmed with serum hyperamylasemia. 2. Case report section: Change "vital signs were stable" to "vital signs were unremarkable." 3. Case report section: Was transabdominal ultrasound not performed initially when the diagnosis of pancreatitis was made (to evaluate gallbladder etc). Please clarify, and if US was ordered mention the findings. 4. Case report section: Immediately prior to drainage/stenting, what was the size of the pseudocyst? Also please state whether balloon/bougie dilation or needle-knife puncture of the cavity was performed. It is assumed no but would be helpful to clarify. 5. Case report section: At the



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time of initial EGD/EUS, it states “norma overlying mucosa” but I would specifically state that “there was no overlying umbilication/dimpling. Also, at the time of follow up EGD (5 months later), was any fistula site or dimple seen? 6. Case report section: At the time of follow-up EGD/EUS, no stent was seen. It would help to clarify that the stent had completely passed as confirmed by abdominal radiograph. Was a fluoroscopy image or an x-ray obtained? 7. Discussion section: The authors describe the symptoms caused by heterotopic pancreas. This should probably be changed to “heterotopic pancreatitis” since symptoms generally only occur when there is inflammation, pseudocyst, tumor, etc. 8. Discussion section: For the sentence “Radiological diagnosis of gastric HP is difficult, however double contrast barium meal...” a reference to the literature should be cited. 9. Discussion section. The authors describe the role of EUS-FNA for diagnosing HP. They should also consider reading/citing other references such as the following: Karaca C et al; *Gastrointest Endosc* 2010; 37: 856-62 and Attwell A et al. *World J Gastroenterol* 2015; 21: 2367-73. 10. The authors do not mention previous case reports/series that describe HP presenting as symptomatic pseudocyst (Chung JP et al. *J Korean Med Sci* 1994; 9: 351-6 and Mulholland KC et al. *JOP* 2004; 5: 498-501) or gastric outlet obstruction (Haj M et al. *Clin Imaging* 2002; 26: 267-9. And Rimal D et al. *Int J Surg* 2008; 6: e52-4). These studies should be summarized and presented in the Discussion section. 11. Unlike the other images, the CT scan image from Fig 1 does not show a definite SE lesion, but rather just a fluid-filled duodenum and stomach. Authors should consider an alternative CT image/slice. If not, please add an arrow to indicate the abnormal finding.



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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 34943

Title: A novel method for the management of gastric outlet obstruction secondary to heterotopic pancreas complicated with pseudocyst

Reviewer's code: 02573214

Reviewer's country: Italy

Science editor: Ze-Mao Gong

Date sent for review: 2017-06-06

Date reviewed: 2017-06-11

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> [Y] Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> [] High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> [] Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> [] Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> [Y] No	<input type="checkbox"/> [] Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> [Y] No	

COMMENTS TO AUTHORS

The authors describe a rare case of heterotopic pancreas complicated with pseudocyst. The case is interesting; it can be considered for publication.

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 34943

Title: A novel method for the management of gastric outlet obstruction secondary to heterotopic pancreas complicated with pseudocyst

Reviewer's code: 02542439

Reviewer's country: Japan

Science editor: Ze-Mao Gong

Date sent for review: 2017-06-06

Date reviewed: 2017-06-12

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
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		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

Reviewer's comment to the author Authors describe the efficacy of EUS-FNA diagnosis and drainage for symptomatic pseudocyst accompanied with heterotopic pancreas. There are few reports regarding Interventional EUS therapy for this specific lesion. Thus, this report is interesting and can provide a multidisciplinary information. However, further detailed discussions should be described including current data of EUS-FNA drainage. Thus, I have several comments and criticisms as following: Major 1. I assume that the title does not meet the described sentence and is not attractive for readers. The efficacy of EUS-FNA diagnosis for heterotopic pancreas has been already reported as follows: (Ref.) Heterotopic pancreas complicated by pseudocyst in the gastric wall diagnosed by endoscopic ultrasound-guided fine needle aspiration. Endosc Ultrasound. 2013 Jul;2(3):159-61. Accordingly, the strength of this paper is to mention a first- ever application of EUS drainage for this type of disease. Thus, I suggest the modified title 'Interventional endoscopic ultrasound for symptomatic pseudocyst



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secondary to gastric heterotopic pancreas' may be more suitable and attractive. Thus, modification of the title is needed. 2. In the session of 'DISCUSSION', 'Authors describe that no specific diagnostic methods can be employed and a pre-operative diagnosis is seldom possible. However, in addition to FNA, a novel sampling method is currently introduced. Thus, you had better refer and discuss current tissue sampling method such as submucosal tunneling biopsy as following reference. (Ref.) Gastric Duplication Cyst with Heterotopic Pancreas and Ectopic Submucosal Gland on Submucosal Endoscopy. *Dig Endos*; 2016; 28: 220-223. 3. In the session of 'DISCUSSION', authors should discuss the efficacy, safety and indication of interventional EUS, while citing following references. I. Current status of interventional endoscopic ultrasound. *Dig Endosc*. 2017 Mar 20. doi: 10.1111/den.12872 II. EUS-guided drainage of peripancreatic fluid collections and necrosis by using a novel lumen-apposing stent: a large retrospective, multicenter U.S. experience (with videos). *Gastrointest Endosc*. 2016 Apr;83(4):699-707. III. A multi-institutional survey on the practice of endoscopic ultrasound (EUS) guided pseudocyst drainage in the Asian EUS group. *Endosc Int Open*. 2015 Apr;3(2):E130-3. Minor 1. Regarding the introduction of Interventional EUS therapy, the sentence of Informed consent obtained from the patient is needed in the session of 'CASE REPORT'. 2. In the session of 'CASE REPORT', 'Soon after, the symptoms of abdominal pain and vomiting were subsided and complete blood cell count and serum amylase returned to normal levels.' Is this 'blood cell' count correct? I assume leukocyte is correct.